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**FEDERAL EXPRESS**

November 30, 2004

Document Processing Desk [6(a)(2)]  
 Office of Pesticide Programs (7504C)  
 U.S. Environmental Protection Agency  
 Crystal Mall #2, Room 266A  
 1801 South Bell Street  
 Arlington, VA 22202-4501

Gentlemen:

**SUBJECT: INCIDENT REPORT OF POTENTIAL ADVERSE EFFECTS**  
**PERIOD FROM OCTOBER 1 – OCTOBER 31, 2004**  
**SEVERITY CATEGORIES HC, WA, AND SA**

In accordance with the Agency's current interpretation of FIFRA § 6(a)(2) reporting requirements, Syngenta Crop Protection is reporting the following incidents for the period October 1 – October 31, 2004. Please see enclosures for more details about each incident.

Active Ingredient	Incident Number	Severity Category
Atrazine		SA (1)*
Atrazine	1168	WA
Brodifacoum	P1-11992998	HC
Captan	P1-11952307	HC
Cypermethrin	P1-11964726	HC
Cypermethrin	P1-12039349	HC
Fludioxonil	P1-11983469	HC
Lambda-cyhalothrin	P1-11965719	HC
Proflaminate	1167	HC
Proflaminate	P1-11985903	HC
Propiconazole	P1-12023087	HC
S-metolachlor	1168	WA

\* number of detects above MCL

001  
 002  
 003  
 004  
 005  
 006  
 007  
 008  
 009  
 010  
 011  
 Party  
 002

Should you have questions regarding any of the reported incidents, please contact me at (336) 632-7930.

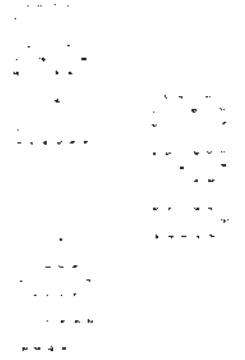
Sincerely,

**Syngenta Crop Protection, Inc.**



Sharon Waynick  
Regulatory Compliance Specialist  
Regulatory Affairs

Enclosures (11)



# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

- 003

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name:	Submission date:	Contact person (if different than reporter)	Internal ID
Administrative Data	*Personal privacy information*	11/29/2004		1-11992998
	Address: *Personal privacy information*	Address:		
	Medical Center ED Birmingham Alabama			
	Phone #:	Phone #:		
	Incident Status:	Location and date of incident	Date registrant became aware of incident:	Was incident part of larger study? No
	New	Birmingham Alabama 10/15/2004	10/15/2004	
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	100-1056			
	A.I. (s)	A.I. (s)	A.I. (s)	
	Brodifacoum			
	Product 1 Name	Product 2 Name	Product 3 Name	
	Havoc Rodenticide Bait Pack Pellets			
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation Pellets	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)	
Incident Circumstances	Intentional misuse? No			
	Applicator certified PCO? Not applicable	Own Residence	See Description Notes	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)			
	See Incident Description			

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>56 Years</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Ingestion</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>DNQ</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects.  <i>Abnormal mentation - Unable to determine</i>		If lab tests were performed, list test names and results (If available, submit reports).  <i>None Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight: <i>UNK</i>			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-11992998*